

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005378

1. Entity Name
ESCAPEES RAINBOW PARKS UNLIMITED, INC.



Principal Place of Business
**100 RAINBOW DR.
LIVINGSTON, TX 77351**

Mailing Address
**100 RAINBOW DR.
LIVINGSTON, TX 77351**



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0671185

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TERRY T. NEAL PA
605 WEST MAGNOLIA ST.
LEESBURG, FL 34749**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	CARR, ROBERT W
STREET ADDRESS	RT-10, BOX 8170
CITY-ST-ZIP	LIVINGSTON, TX
TITLE	SD
NAME	CARR, CATHIE M
STREET ADDRESS	RT-10, BOX 8170
CITY-ST-ZIP	LIVINGSTON, TX
TITLE	VD
NAME	PETERSON, JOSEPH H
STREET ADDRESS	100 RAINBOW DR.
CITY-ST-ZIP	LIVINGSTON, TX
TITLE	TD
NAME	PETERSON, KAY M
STREET ADDRESS	100 RAINBOW DR.
CITY-ST-ZIP	LIVINGSTON, TX
TITLE	D
NAME	JAMES, SCOTT
STREET ADDRESS	100 RAINBOW DR
CITY-ST-ZIP	LIVINGSTON, TX 77351
TITLE	D
NAME	PENELOPE, SCOTT
STREET ADDRESS	100 RAINBOW DR
CITY-ST-ZIP	LIVINGSTON, TX 77351

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0/30/05 800 580 4269